

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK


HISCOX INSURANCE COMPANY, Inc
Plaintiff

V.

DOCKET NO. 18-CV-10222

CURTIS BORDENAVE AND BUSINESS MOVES CONSULTING, INC.,
DBA BUSINESS MOVES
KHALED M. KHALED AND ATK ENTERTAINMENT, INC.
Defendants

Defendant Curtis Bordenave request an additional 30-day extension of time to respond/reply/answer/otherwise plead in the above action. This request is made for proper purpose as defendant is searching for counsel in this matter and no party will be prejudiced in granting this motion.


Curtis Bordenave *Pro Se* Date *1/14/2018*

United States District Court of the Southern District of New York
Pro Se Intake Unit
Daniel Patrick Moynihan
United States Courthouse
500 Pearl Street, Room 200
New York, New York 10007

RECEIVED
U.S. DISTRICT COURT
S.D. OF N.Y.
2018 JAN 16 PM 11:35

PRESS FIRMLY TO SEAL



U.S. POSTAGE
\$24.70
PME 1-Day
75248 0007
Date of sale
01/14/19
08 2SSK
11486591

Scheduled Delivery
01/15/2019
12:00PM

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CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE (972) 589 5495

Curtis Borden
17251 Preston Rd 2301
DALLAS TX 75252



EL 625111508 US

UNITED STATES
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PAYMENT BY ACCOUNT (if applicable)

USPS® Corporate Acct. No.

Federal Agency Acct. No. or Postal Service™ Acct. No.

DELIVERY OPTIONS (Customer Use Only)

☐ SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

- ☐ No Saturday Delivery (delivered next business day)
☐ Sunday/Holiday Delivery Required (additional fee, where available)
☐ 10:30 AM Delivery Required (additional fee, where available)
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United States District Court SDNY
Pro Se Intake
DANIEL MOYNIHAN
500 Pearl St Room 200
New York, NY

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10007-

ORIGIN (POSTAL SERVICE USE ONLY)

<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage	
		\$	
Date Accepted (MM/DD/YY)	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON	Insurance Fee	COD Fee
		\$	\$
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee
	\$	\$	\$
Special Handling/Fragile	Sunday/Holiday Premium Fee	Total Postage & Fees	
\$	\$		
Weight <input type="checkbox"/> Flat Rate	Acceptance Employee Initials		
lbs. ozs.		\$	

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

LABEL 11-B, OCTOBER 2015

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